Een onderzoek naar de sociotherapeutische waarde van gezinsverpleging bij schizofrenie

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SUMMARY AND CONCLUSIONS.

After a short introduction in which the query of this thesis is explained and in which is stated that for the diagnosis Schizophrenia the conception of Bleuler was held, a survey is given in Chapter I of the literature of the main views on Schizophrenia and of the principal therapeutic measures, especially the role played by family care thereby.

It was clearly noted that there is no unanimity about the etiology and origin of this psychosis. Recently it is more and more appreciated that there is not one cause for this disease, but that more than one factor could be involved. In most cases a combination of constitutional, somatic, psychogenic and possibly sociogenic factors can be found. If one accepts such a combination of etiological moments it goes without saying that one will try to influence the course of the psychosis by applying different therapeutic methods. Psycho- and sociotherapeutic measures will have to play a major part. The latter includes family care, in which one tries to find a suitable family for a particular patient, in order to influence his psychosis favourably.

This form of treatment has already been applied for a considerable long time and has led to exceptional good results. The schizophrenic patient has been found by most of the workers concerned with family care as being amongst the type of patients suitable for this kind of treatment.

In Chapter II the problems concerning family care for schizophrenic patients are discussed. A number of factors are mentioned which have to be taken into account in choosing a foster-family. The value of an observationperiod previous to the placing with a family is pointed out. During this observationperiod several data can be obtained concerning the patient's symptoms, his behaviour, his adaptability, his work capability, his possibility for contact. The

patient's background and environment and the psychogenic and/or sociogenic factors which have worked previous to the outbreak of his psychosis must be included. These factors are of great importance for making a justified choice of foster-family.
One should try to place the patient in such a surrounding that the tensions present between the patient and his environment, previous to the outbreak of the psychosis, are avoided or at least adequately encountered.
After a survey of the several factors that are important with regard to the preparation of the placing of a patient with a foster-family, the symptoms, shown in schizophrenic patients, which are most influenced by family care (as referred to in literature and according to our own observations in „Beileroord") are being investigated. This Chapter ends with raising the question whether in those cases where family care has led to good results, psychogenic and/or sociogenic factors have played an important role in the genesis of schizophrenia.
In Chapter III an account is given of my own work in this field. First is discussed how this has been arranged. It covers all the patients admitted into the asylum „Beileroord" between 1922 and 1956 in which schizophrenia was diagnosed, being 778 patients. More detailed particulars are obtained from those admitted between 1-9-1951 and 1-9-1956.
This group is divided into patients who have never been with a foster-family, those who were only temporarily — not being able to maintain themselves — and those who during the investigation were still with a foster-family or could be dismissed from family care improved or cured.
In the first two groups it was traced why family care was impossible or not possible anymore. In the last group an inquiry was made into which families the patients were with and for how long. If a transfer was made from one family into another the reason for this was looked into.
The investigation was held in order to find out what influence family care had on the course of schizophrenia. Therefore also a further examination was made into the foster-families concerned. Moreover a comparison was made in all patients between the difference in their behaviour and adaptability with the foster-families and with that at home and in the institution.

The investigation revealed that in most cases more than one factor was involved in the genesis of the psychosis. This was the case in both the patients who were not with a foster-family and those who were.
In patients showing the best results with family-care the percentage in which psychogenic and sociogenic factors played a part was a little higher than in other cases. Significant differences however could not be discovered.
If a patient could not be placed with a foster-family in most cases a serious disturbance in interpersonal relations could be found. Failure of family care often could be traced back to factors within the patient himself, sometimes however the foster-family was responsible.
Family care in schizophrenic patients means above all penetration of interpersonal contact disturbance. If this succeeds many other symptoms often disappear. The investigation showed that one cannot speak of a special type of foster-family suitable for schizophrenic patients. Every case has to be considered on its own. This should include all factors which could have played a part in the outbreak of the psychosis. This can be said especially of the patients who have to be admitted more than once.
In Chapter IV some case histories are discussed. This chapter especially emphasizes the importance of a right choice of a foster-family. It ends with establishing that family care with schizophrenic patients improves the condition of the large majority of cases.

Although several data were incomplete and moreover I was not able to use comparative data for statistical purposes I think I am right in saying that some provisional conclusions can be drawn.
It is highly probable that psychogenic and sociogenic factors also play a part in the genesis of schizophrenia.
In a great many of schizophrenic patients one finds in their history that psychotraumatic events have occurred before the age of 15. The prepsychotic personality often shows striking traits of character. One often finds mental aberrations in the patient's family.
While choosing a foster-family one should reckon with the above mentioned factors and also with the different sociological aspects of the family. Not every family is suitable for the caring of a schizophrenic patient. Those who are, can be divided into different types.

Some patients are suited best to an „open-type" of family, others to a „closed-type". Paranoid patients p.e. fit in better with a „closed-type" of family.
Previous to placing a patient in a family he must be observed in a central Institution. One cannot always predict whether family care will show to be succesfull. This is not determined by the diagnosis hebephrenia, catatonia or paranoid form. Whether a schizophrenic is regarded suitable for placing with a foster-family depends largely on his capability of interpersonal contact. A paranoid attitude of the patient is often the cause of failure of family care. Failure however does not always depend on the patient but can also be due to a wrong choice of a foster-family.
Taking part in family life and several other activities outside the family contribute a great deal to the readaptation of the schizophrenic patient. An intensive contact of both psychiatrist and almoners with the foster-families is essential.
During the patient's stay with a foster-family it is of great importance that the psychiatrist keeps in close contact with the patient's relatives.
With the patients who have been dismissed but later have to be admitted again often a disturbed relation with their relatives can be found. When an outbreak of the schizophrenic psychosis reoccurs, great value has to be attached to psychogenic and sociogenic factors.
Family care can be regarded as an important means of resocialisation. It is above all suited for patients during the reconvalescence stage as a transit to their return to normal life. Also for the chronic schizophrenic patient family care is in many cases of greater advantage than treatment in an Institution.
The symptoms which are most influenced by family care are autism, apathy and emotional impoverishment.
A right choice of a foster-family often leads after some time to a remarkable improvement in the patient's condition. Some patients can be dismissed, others become calmer and more adjusted, while their pathological symptoms more and more recede.
Based on what is stated in literature and on my own investigations I think I am justified in concluding that family care as a sociotherapeutic method offers us a powerful weapon in the battle against schizophrenia.

To verify my conclusions a further investigation including comparative data would be necessary. It is possible that one would arrive at the same conclusions in a psychiatric institution if one would be able to give the same attention to a patient as he receives in a family. If the psychiatric institutions could dispose of sufficient psycho-and sociotherapeutic trained co-workers, then perhaps for some of the patients family care would prove to be redundant for as much as this way of treatment now still proves to be in need for them.

Nevertheless I think that family care should always have a place amongst the different other ways of therapeutic methods for the very reason of its specific character.

Every patient has to be regarded individually for which form of therapy he is particularly suited. Some will not be suited for family care, while for others this will be the very way of treatment.

I think that with our present knowledge a further extension of family care is both possible and desirable.

More than has been the case so far one should however pay more attention to the patient's background, environment, to the psycho- and sociogenic factors that have played a part in the outbreak of the psychosis, to the patient's rapport to his environment and his prepsychotic personality.

One should consider the sociology of the foster-family more. An extensive examination should precede the placing of a patient with a family.

It should further be possible to combine family care with other forms of therapy, not only with medicinal and occupational-therapy, but also with individual- of group-psychotherapy.

If family care is regarded as a resocialisationmethod, the return of the patient to normal life must be well prepared and regular check- but also with individual- or group-psychotherapy.

I am convinced that with family care we possess a method which can improve the fate of many schizophrenic patients. I hope that it will prove to be possible that next to several other therapeutic measures this form of sociotherapy will play an important role in the future.